## DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	TIPLE FAILURES	OF DIFFERENT TYPE IN RING- NETWORKS	SHAPED TELECOMMUN	ICATIONS		
the application of which						
is attached hereto	OR	□ was filed on				
		as United States Application Number or PCT International Application Number				
		(Confirmation No.	), and was amende (if applicable).	d on		
I hereby state that I have reviewed and by any amendment specifically referre	I understand the coned to above.	tents of the above identified application	tion, including the claims,	as amended		
I acknowledge the duty to disclose continuation-in-part application(s), mathe national or PCT international filing	aterial information w	vhich became available between the	fined in 37 CFR 1.56, in filing date of the prior appl	cluding for lication and		
I hereby claim foreign priority bene inventor's or plant breeder's rights ce country other than the United States application(s) for patent, inventor's or date before that of the application on v	ertificate(s), or 365(a of America, listed b r plant breeder's rig	a) of any PCT international applic below and have also identified belants thts certificate(s), or any PCT inter	ation(s) which designated a ow, by checking the box,	at least one any foreign		
<u> </u>			Priority Clair			
	Country	y Foreign Filing Date	Priority Clair Yes			
-	Country Italy	y Foreign Filing Date February 26, 2001		ned		

I hereby appoint all attorneys of **SUGHRUE MION**, **PLLC** who are listed under the USPTO Customer Number shown below as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.

23373

PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVE	NTOR:					
Given Name (first and middle [if any]) Andrea			Family Name or Surname Manganini			
Inventor's Signature Ander	9 16.	monin		Date	January 14, 2002	
Residence: City Villasanta (Milar	10)	State	Country Italy		Citizenship Italy	
Mailing Address: Via dei Molini A	Asciutti, 7					
City Villasanta (Milano)			Zıp 20058		Country Italy	
NAME OF SECOND INVENTOR:						
Given Name (first and middle [if any]) Elena			Family Name or Surname Casazza			
Inventor's Signature Claus	, la	80250		Date	January 14, 2002	
Residence: City Fara Gera (Berga			Country Italy	Country Italy		
Mailing Address: P.le J. Maritain, 4	ļ.					
City Fara Gera (Bergamo)	State		Zip 24045		Country Italy	
NAME OF THIRD INVENTOR:						
Given Name (first and middle [if any])			Family Name or Surname			
Investor's Signature	1			Date		
Residence: City	State		Country		Citizenship	
Mailing Address:	T				T	
City.	State		Zip		Country	
NAME OF FOURTH INVENTOR:						
Gigen Name (firegand middle [if any])			Family Name or Surname			
Inventor's Signature			Date			
Residence: City	State		Country		Citizenship	
Mailing Address:						
City	State		Zip		Country	
NAME OF FIFTH INVENTOR:						
Given Name (first and middle [if any])			Family Name or Surname			
Inventor's Signature				Date		
Residence: City	State		Country		Citizenship	
Mailing Address:						
City	State		Zip		Country	
NAME OF SIXTH INVENTOR:						
Given Name (first and middle [if any])			Family Name or Surnar	ne		
Inventor's Signature				Date		